



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

APPLICATION FOR CONTINUATION OF RESIDENT BROKER LICENSE FOR PERIOD MAY 1, 2006 THRU APRIL 30, 2008

Name: _____
Address: _____

License Number: _____
AUTH: Property
Casualty
Surety
Marine

This application must be completed in its entirety and returned to this Department by May 31. If the application and fee are not received by this date, your Broker License will be cancelled. The License Fee is \$200.00. **PENALTY FOR LATE FILING IS A DOUBLE FEE.** Make remittance payable to South Carolina Department of Insurance.

SECTION 1

SOC. SEC. NO	LAST NAME	FIRST NAME	MI	JR/SR
HOME STREET ADDRESS (NO P.O. BOX #'S)	CITY		STATE	ZIP CODE
HOME PHONE				
MAILING ADDRESS	CITY		STATE	ZIP CODE

SECTION 2 – NAME OR FIRM OR COMPANY WHERE EMPLOYED

NAME OF FIRM OR COMPANY			BUSINESS PHONE #	
STREET ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SECTION 3 – APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true and correct to the best of my knowledge and that I have not violated any laws of the State of South Carolina or any regulation of the South Carolina Department of Insurance during the term of my present license.

SIGNATURE OF APPLICANT

PLEASE NOTE: Your License is permanent and a new license will not be issued. Your cancelled check will serve as receipt.